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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	<b>X</b> : 130400002		CITY OR TOW.	N UADRIDG	E
APPLICATION FOR	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS	UXBRIDGE POST A GLAS ST.& CROSS	1385 V.F.W. OF U	.S. A., INC.		
CITY/TOWN: UXI		STATE: MA	ZIP CODE:	01569	
EMAIL ADDRESS:  DESCRIPTION OF LOUNGE, HALL A I hereby certify and s  1. the renew 2. the licens	PLEASE ALSO VISIT OUR WEI LICENSED PREMIS: ND KITCHEN. CELL swear under penalties of the discense will be of the discense with a complied with a complication with a complied	ES:  AR FOR STORAGE of perjury that: he same type for the all laws of the Comm	E same premises no		All Alcohol
3. the premi	ses are now open for b	ousiness (If not expla	in below)		
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	d, attest that we are i d by the building insp certificate of liquor li	pector and the head	of the fire depa	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved explain	ain)		LOCAL LICEI By:	NSING AUTHO	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 130400003		CIT	Y OR TOWN	UXBRIDG	E
APPLICATION FO	R RENEWAL:	Annual		LICE	NSED FOR 20	)13
		CLASS				YEAR
LICENSEE NAME:	NORTH UXBRID	GE ITALIAN-A	M. CLUF	B, INC.		
DOING BUSINESS	A					
ADDRESS 424 ME	NDON					
CITY/TOWN: UX	BRIDGE	STATE: N	1A	ZIP CODE:	01569	
	SON, TY	PE OF LICENSE	:Club	(	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YO	UR EMAIL A	ADDRESS		_
DESCRIPTION OF	LICENSED PREMI	ISES:				
ONE FLOOR, THR	EE ROOMS					
I hereby certify and	swear under penaltie	s of perjury that:				
	ved license will be of			_		
	see has complied with			· ·	to taxes; and	
3. the premi	ises are now open for	r business (If not e	explain be	elow)		
SIGNED BY:						
	Individual, Partne	r or Authorized C	orporate	Officer		
DATE:	TELEPHO	NE NUMBER:			ER IDENTIFICAT	
				(Note: NOT I	ndividual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we ar d by the building in certificate of liquor	spector and the	head of t	the fire depar	tment for the	above named
	certificate of fiquor	indonity insuran	_	_		
Please Check Below: APPROVED:					ISING AUTHO	ORITY
DISAPPROVED:			В	y:		
(If disapproved expl	ain)		_			
			_			
			_			
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	K: 130400005		CITY OR TOWN	\ UABRIDG	E
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	POLISH AMERIC	AN SOCIAL & CIVI	C CORP.		
DOING BUSINESS	A				
ADDRESS 217 ME	NDON				
CITY/TOWN: UX	BRIDGE	STATE: MA	ZIP CODE:	01569	
MANAGER: TES	SIER, JAMES TYP	PE OF LICENSE: Clu	b	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF	LICENSED PREMIS	SES:			
FIRST FLOOR; TW	O ROOMS AND KI	ICHEN. SECOND F	LOOR; MAIN HA	ALL AND KIT	CHEN
I hereby certify and s	swear under penalties	of perjury that:			
	ved license will be of	* *	-		
	see has complied with		•	to taxes; and	
3. the premi	ises are now open for	business (If not expla	in below)		
SIGNED BY:			0.00		
	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
			(Note: NOT I	ndividual Social S	ecurity Number)
We the undersigne	d, attest that we are	in possession (1) the	e certificate requi	red by Chapt	er 304 of the
Acts of 2004, signe	d by the building ins	spector and the head	of the fire depar	tment for the	above named
license and (2) the	certificate of liquor	liability insurance re	equired by Chapt	ter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	oin)				
(If disapproved explain	am <i>)</i>				
			-		
DATE:					
			<u></u>		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 130400006		CITY OR TOW	N UXBRIDG	E
APPLICATION FO	R RENEWAL:	Annual CLASS	LIC	ENSED FOR 2	013 YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 270 NO	A KAPI'S PUB				
CITY/TOWN: UX	BRIDGE	STATE: MA	ZIP CODE:	01569	
MANAGER: LOV KRI		YPE OF LICENSE: Gr	eneral on emise	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF APPROX 2000 SQ sq ft patio		ISES: AREA AND DINING	AREA. CELLAF	R FOR STORAG	GE 420
	ises are now open for	th all laws of the Comor business (If not exp	lain below)	ng to taxes; and	
DATE:	ТЕLЕРНО	NE NUMBER:		YER IDENTIFICAT	
Acts of 2004, signe	d by the building i	re in possession (1) the nspector and the hear r liability insurance	d of the fire depa	artment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	ain)		LOCAL LICE By:	ENSING AUTH	ORITY
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 130400011		CITY OR TOWN UXBRIDGE	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS	YEAR	
LICENSEE NAME: UXBRIDGE	PROGRESSIVE CLUB, I	NC	
DOING BUSINESS A UXBRIDG	E PROGRESSIVE CLUB,	INC.	
ADDRESS 18 WHITIN ST.			
CITY/TOWN: UXBRIDGE	STATE: MA	ZIP CODE: 01569	
MANAGER: GRESIAN II, JOSEPH H.	TYPE OF LICENSE: Geo	neral on CATEGORY: All Alcoho	ol
EMAIL ADDRESS:			
PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PI	REMISES:		
TWO FLOORS OF ONE ROOM OBAR; SEPARATE BASEMENT R		E ROOM IN BASEMENT USED FOR A R AND STORAGE	
3. the premises are now op  SIGNED BY:			
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER (Note: NOT Individual Social Security Number)	
Acts of 2004, signed by the build	ing inspector and the head	e certificate required by Chapter 304 of the of the fire department for the above name required by Chapter 116 of the Acts of 2010	ed
Please Check Below:		LOCAL LICENSING AUTHORITY	
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13040001	2	CITY OR TOWN UXBRID	GE
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: SALMON	ISEN GLEN T		
DOING BUSINESS A CHARL	IES VARIETY		
ADDRESS 30 DOUGLAS ST			
CITY/TOWN: UXBRIDGE	STATE: MA	ZIP CODE: 01569	
MANAGER:	TYPE OF LICENSE:Pa	ckage Store CATEGORY	: All Alcohol
EMAIL ADDRESS:			
2. the licensee has comp	, NO CELLAR penalties of perjury that: vill be of the same type for the	e same premises now licensed; monwealth relating to taxes; and ain below)	I
DATE.	l, Partner or Authorized Corpo	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	HORITY
DATE:			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13	0400013		CI	TY OR TOWN	N UXBRIDG	E
APPLICATION FOR RE	ENEWAL:	Annı	ıal	LICE	NSED FOR 20	013
		CLA	SS			YEAR
LICENSEE NAME: LY DOING BUSINESS A I ADDRESS 16 MENDON	LYNCH'S RIVERY		E AND SPI	RITS		
CITY/TOWN: UXBRII		STATE:	MA	ZIP CODE:	01569	
MANAGER: LYNCH, A	CHARLES TYPE	E OF LICEN	SE:Packag	e Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR WEB	SITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICE	ENSED PREMISE	ES:				
STREET FLOOR; THRE	EE ROOMS; CELI	LAR FOR S	TORAGE			
I hereby certify and swea	r under penalties o	of perjury tha	ıt:			
1. the renewed li	icense will be of th	e same type	for the sam	ne premises no	w licensed;	
2. the licensee h	as complied with a	ll laws of the	e Common	wealth relating	to taxes; and	
3. the premises a	are now open for b	usiness (If n	ot explain b	pelow)		
SIGNED BY:	dividual, Partner o	or Authorized	l Corporate	Officer		
DATE:				EMDI OVI	ER IDENTIFICAT	FION NI IMPED.
DATE.	TELEPHONE	NUMBER:			ndividual Social S	
Please Check Below:			L	OCAL LICEN	ISING AUTH	ORITY
APPROVED:			В	By:		
DISAPPROVED:						
(If disapproved explain)			-			
			_			
DATE:			_			



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1304000	16	CITY OR TOWN UNDRID	JE
APPLICATION FOR RENEW	AL: Annual	LICENSED FOR 2	2013
	CLASS		YEAR
LICENSEE NAME: GEANA DOING BUSINESS A QUIT I ADDRESS 300 N MAIN ST			
CITY/TOWN: UXBRIDGE	STATE: MA	ZIP CODE: 01538	
MANAGER: GEARA, RIAD	TYPE OF LICENSE:P	ackage Store CATEGORY	: All Alcohol
EMAIL ADDRESS:  PLEASE ALSO DESCRIPTION OF LICENSE	VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
STREET FLOOR; TWO ROOM		GE	
2. the licensee has com 3. the premises are nov SIGNED BY:			
DATE.	ELEPHONE NUMBER:	EMPLOYER IDENTIFICA	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		(Note: NOT Individual Social  LOCAL LICENSING AUTH By:	
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 130400019		CITY OR TOWN	UXBRIDG	Е
APPLICATION FO	OR RENEWAL:	Annual CLASS	LICEN	ISED FOR 20	)13 YEAR
LICENSEE NAME DOING BUSINES: ADDRESS 158 N.	S A PAPA GINO	S INC D'S			TL/IIC
CITY/TOWN: UX	KBRIDGE	STATE: MA	ZIP CODE:	01569	
MANAGER: BU	RNS, JAMES	TYPE OF LICENSE: Re	estaurant C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	3:				
		OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF APPROX 3000 SQ FRONT AND REA	FT OF FRONT	EMISES: AGE. ONE FRONT ENT	RANCE AND TWO	SIDE EXITS	S (
2. the licen	nsee has complied nises are now ope	be of the same type for the d with all laws of the Comen for business (If not expendent or Authorized Corporation)	nmonwealth relating (		
DATE:	TELEP	PHONE NUMBER:			TION NUMBER: ecurity Number)
Acts of 2004, sign	ed by the buildi	re are in possession (1) the ng inspector and the hea quor liability insurance	d of the fire depart	ment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	]  llain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	30400021		CITY OR TOWN	UXBRIDG	E
APPLICATION FOR R	ENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: L DOING BUSINESS A			EN		
	_	VARIETT			
ADDRESS 544 QUAKI					
CITY/TOWN: UXBRI	iDGE	STATE: N	MA ZIP CODE:	01569	
MANAGER:	TYPE	E OF LICENSE	::Package Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEB	SITE AND ENTER YO	OUR EMAIL ADDRESS		_
DESCRIPTION OF LIC	CENSED PREMISE	ES:			
29X27 WITH SMALL	OFFICE AND STO	RAGE ROOM	[		
I hereby certify and swe	ar under penalties o	of perjury that:			
1. the renewed	license will be of th	e same type for	r the same premises nov	v licensed;	
2. the licensee l	nas complied with a	ll laws of the C	Commonwealth relating	to taxes; and	
3. the premises	are now open for b	usiness (If not	explain below)		
SIGNED BY:					
	ndividual, Partner o	r Authorized C	Corporate Officer		
DATE:	TELEPHONE	NIIMRED.	EMPLOYE	R IDENTIFICAT	TION NUMBER:
	TEELITIONE	WOWIDER.	(Note: NOT In	dividual Social S	ecurity Number)
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
DATE					
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	130400022		CITY OR TOWN UXBR	IDGE
APPLICATION FOR	RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
LICENSEE NAME:	CORBIN ASSCC	DIATES, CORP.		
DOING BUSINESS A	HANNA'S PLA	CE		
ADDRESS 775 QUA	KER HWY.			
CITY/TOWN: UXB	RIDGE	STATE: MA	ZIP CODE: 01569	)
MANAGER: CORB A.	IN, THOMAS T	YPE OF LICENSE:Res	taurant CATEGO	RY: All Alcohol
EMAIL ADDRESS:				
Pl	LEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF L		IISES:		
5 ROOMS, TWO FLO	OORS.			
3. the premise SIGNED BY:		or business (If not explain		
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIF	
Acts of 2004, signed	by the building i	nspector and the head	e certificate required by Cl l of the fire department for equired by Chapter 116 of	the above named
Please Check Below:			LOCAL LICENSING AU	THORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved explain	 n)			
(11 disapproved explai	·-/			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 130400025		CITY OR TOWN	UXBRIDGE
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	MEADOW VIEW	TAVERN, INC.		
DOING BUSINESS	A			
ADDRESS 801 CH	OCKALOG ROAD			
CITY/TOWN: UX	BRIDGE	STATE: MA	ZIP CODE:	01569
MANAGER: BLIS	SS, GORDON L. TYI	PE OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR E	EMAIL ADDRESS	
	LICENSED PREMIS	SES:		
LOUNGE & FUNC	TION ROOM			
• •	swear under penalties			
	ved license will be of	* *	-	
	see has complied with		_	taxes; and
3. the premi	ises are now open for	business (If not expl	lain below)	
-				
SIGNED BY:	Individual Partner	or Authorized Corp	orate Officer	
	marviduai, i artiici	of Authorized Corp	orace officer	
DATE:	TELEDIJON	E MUMDED.	EMPLOYER	R IDENTIFICATION NUMBER:
	TELEPHON	E NUMBER:		ividual Social Security Number)
				ed by Chapter 304 of the nent for the above named
				r 116 of the Acts of 2010.
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	ain)			
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	<b>X</b> : 130400039		CITY OR TOV	VN UADRIDO	IE.
APPLICATION FOR	R RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	UXBRIDGE SPORT	ΓS LIMITED PART	NERSHIP		
DOING BUSINESS	A THE HABITAT F	OR SOCCER & SPO	ORTS, INC.		
ADDRESS 374 WES	ST STREET				
CITY/TOWN: UXI	BRIDGE	STATE: MA	ZIP CODE	: 01569	
MANAGER: FAR L. JR		E OF LICENSE: Res	taurant	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEI	SSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	ES:			
SECOND FLOOR- 0	ONE ROOM				
I hereby certify and s	swear under penalties	of perjury that:			
1. the renew	ved license will be of the	ne same type for the	same premises i	now licensed;	
2. the licens	ee has complied with a	all laws of the Comn	nonwealth relati	ng to taxes; and	
3. the premi	ses are now open for b	ousiness (If not expla	in below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHONE	E NUMBER:	EMPLO	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: <u>NO</u> 7	Individual Social S	Security Number)
*** (1 1 1	<b>.</b>	. (1) (3	4.00		204 64
	d, attest that we are i d by the building insp				
	certificate of liquor li				
Please Check Below:			LOCALLIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:			,		
(If disapproved expla	ain)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 13	30400040		CITY	OR TOWN	UXBRIDG	E
APPLICATION FOR RI	ENEWAL:	Annua	1	LICEN	NSED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: EN	NT, INC.					
DOING BUSINESS A T	JXBRIDGE SI	HELL				
ADDRESS 30 LACKEY	DAM RD					
CITY/TOWN: UXBRI	DGE	STATE:	MA ZI	IP CODE:	01569	
MANAGER: EL-NEM	IR, TONY T	YPE OF LICENS	E:Package S	tore C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLEA	SE ALSO VISIT OUR	WEBSITE AND ENTER Y	OUR EMAIL ADD	PRESS		
DESCRIPTION OF LIC						
GAS STATION/CONV COOLER, OFFICE, TW FLOOR, NO BASEMEN	O BATHROO					
I hereby certify and swea	ır under penalti	es of perjury that				
	_	of the same type f		oremises nov	w licensed;	
2. the licensee h	as complied wi	th all laws of the	Commonwea	alth relating	to taxes; and	
3. the premises a	are now open fo	or business (If no	explain belo	ow)		
SIGNED BY:						
In	dividual, Partn	er or Authorized	Corporate Of	fficer		
DATE:	TELEPHO	NE NUMBER:	,			ΓΙΟΝ NUMBER:
			(	Note: NOT In	idividual Social S	Security Number)
Please Check Below:			LOC	CAL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain)						
DATE:						<u></u>
<i></i> ,						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	130400041		CITY OR TOW	N UADRIDO	E
APPLICATION FOR 1	RENEWAL:	Annual	LIC	ENSED FOR 20	)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 92 ALDRI	ARROWHEAD A				
		STATE: MA	ZIP CODE:	01560	
CITY/TOWN: UXB					
MANAGER: MORII	N, DAVID R. TYI	PE OF LICENSE: Res	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS: PL	EASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EI	MAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMIS	SES:			
TWO ONE FLOOR OF RECREATION AREA		54' X 112' AND 34X	54' AND SURR	OUNDING	
I hereby certify and sw	ear under penalties	of perjury that:			
1. the renewed	l license will be of	the same type for the	same premises n	ow licensed;	
	•	all laws of the Comr business (If not explain		ng to taxes; and	
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT	
We the undersigned, Acts of 2004, signed l license and (2) the ce	by the building in	spector and the head	l of the fire depa	artment for the	above named
Please Check Below:			LOCAL LICE	NSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	1)				
DATE:					_



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 130400043	•	CITY OR TOW	IN UADRIDO	IE.
APPLICATION FOR	R RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	GREEN ROOM BI	LLARD CLUB, INC			
DOING BUSINESS	A GREEN ROOM E	BILLARD			
ADDRESS 535 QUA	AKER HIGHWAY				
CITY/TOWN: UXI	BRIDGE	STATE: MA	ZIP CODE:	01569	
	VDEN, TYP HARD	PE OF LICENSE: Club	)	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EMA	AIL ADDRESS		_
	LICENSED PREMIS				
ADD PATIO 18 X 2	4' new patio is 16 x 3	0 on the south side of	the bldg.		
• •	wear under penalties				
		the same type for the s	•		
2. the license	ee has complied with	all laws of the Commo	onwealth relatir	ng to taxes; and	
3. the premis	ses are now open for	business (If not explai	n below)		
SIGNED BY:					
	Individual, Partner	or Authorized Corpor	ate Officer		
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
		in possession (1) the pector and the head			
license and (2) the o	certificate of liquor	liability insurance re	quired by Cha	pter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	ain)				
					<u></u>
DATE:					
DAIL.					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	X: 130400045		CITY OR TOWN U	ADRIDGE
APPLICATION FO	R RENEWAL:	Annual	LICENSE	D FOR 2013
		CLASS		YEAR
LICENSEE NAME:	Charles A Rice Po	ost 33 American Legio	n, Inc	
DOING BUSINESS	A			
ADDRESS 59 Doug	las st			
CITY/TOWN: UX	BRIDGE	STATE: MA	ZIP CODE:	01569
MANAGER: Leto	urneau, Donald TY	PE OF LICENSE: Cor	nmercial club CAT	EGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	MAIL ADDRESS	
DESCRIPTION OF	LICENSED PREMI	ISES:		
two story wood fram	e bldg, front and rea	ar doors on the first flo	or, fire escape on the se	econd
I hereby certify and s	swear under penaltie	s of perjury that:		
1. the renew	ved license will be of	f the same type for the	same premises now lic	ensed;
2. the licens	ee has complied wit	h all laws of the Comn	nonwealth relating to ta	xes; and
3. the premi	ses are now open fo	r business (If not expla	nin below)	
SIGNED BY:				
	Individual, Partne	er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:	EMPLOYER ID	ENTIFICATION NUMBER:
			(Note: NOT Individ	lual Social Security Number)
				by Chapter 304 of the nt for the above named
				16 of the Acts of 2010.
Please Check Below:			LOCAL LICENSIN	G AUTHORITY
APPROVED:			By:	o no montr
DISAPPROVED: [			<b>- y</b> ·	
(If disapproved explain	ain)			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	2K: 130400047		CITY OR TOWN	UABRIDO	IE.
APPLICATION FO	OR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME DOING BUSINESS ADDRESS 504 WE	S A THE HAY-W	AGON AT BANGMA'S	FARM		
CITY/TOWN: UX	KBRIDGE	STATE: MA	ZIP CODE:	01569	
MANAGER: KES	SSLER,BAVERL	ΓΥΡΕ OF LICENSE: Res	staurant (	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	3:				
		R WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		
DESCRIPTION OF			THE FOR TO CHE	TOMERG	
		X. 4,000 SQ. FT. SEAT	ING FOR 50 CUS	TOMERS.	
I hereby certify and	-			1:	
		of the same type for the			
	•	vith all laws of the Comr for business (If not expla	_	to taxes; and	
3. the pren	nises are now open	for business (if not expir	ani below)		
SIGNED BY:	Individual, Part	ner or Authorized Corpo	orate Officer		
DATE:	TELEPH	ONE NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	ed by the building	are in possession (1) the inspector and the head or liability insurance r	l of the fire depar	tment for the	above named
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	olain)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 130400050		CITY OR TOWN	UXBRIDG	E
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SAIM ENTERPRISES,	INC.			
DOING BUSINESS	A ST'S GENERAL STO	RE			
ADDRESS 110 MEN	NDON STREET				
CITY/TOWN: UXE	BRIDGE	STATE: MA	ZIP CODE:	01569	
MANAGER: BEG	UM,SHALINA TYPE O	F LICENSE:Pa	ackage Store C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMISES:				
	BE LICENSED IS LICANTRANCE IN THE LEF .				
I hereby certify and s	wear under penalties of p	erjury that:			
	ed license will be of the s		e same premises nov	w licensed;	
	ee has complied with all la		=		
3. the premis	ses are now open for busin	ness (If not exp	lain below)		
SIGNED BY:					
	Individual, Partner or A	uthorized Corp	oorate Officer		
DATE:	TELEPHONE N	JMBER:	EMPLOYE	ER IDENTIFICAT	ΓΙΟΝ NUMBER:
			(Note: NOT In	ndividual Social S	Security Number)
Please Check Below:			LOCAL LICEN	CINIC ALITH	ODITY
APPROVED:			LOCAL LICEN By:	SING AUTH	ORITY
DISAPPROVED:			By.		
(If disapproved expla	in)		-		
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 130400051		CITY OR TOWN UNDRIL	GE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI		E BEER AND WINE		
	8 NORTH MAIN ST			
CITY/TOWN:	: UXBRIDGE	STATE: MA	ZIP CODE: 01569	
MANAGER:	PATEL, DASHRATH K.	TYPE OF LICENSE:P	ackage Store CATEGORY	Y: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PI N THE HANFORD I		CE FROM THE PLAZA PARKI	NG LOT
	premises are now op	ed with all laws of the Content of t		d
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: NOT Individual Socia	
Please Check Beld APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT	HORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 130400052		CITY OR TOWN UNDRID	GE
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
DOING BUSI		E BEER AND WINE		
	8 NORTH MAIN ST			
CITY/TOWN:	: UXBRIDGE	STATE: MA	ZIP CODE: 01569	
MANAGER:	PATEL, DASHRATH K.	TYPE OF LICENSE:P	ackage Store CATEGORY	Y: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PI N THE HANAFORD		NCE FROM THE PLAZA PARI	KING LOT
2. the	licensee has complie premises are now op	• •		1
DATE:	TELE	PHONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Socia	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AUT	HORITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	t: 130400053		CITY OR TOV	VN UXBRIDG	iE
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	GIA RESTAURAN	T INC.			
DOING BUSINESS	A GIA RESTAURA	NTE ITALIANO			
ADDRESS 785 QUA	AKER HWY				
CITY/TOWN: UXI	BRIDGE	STATE: MA	ZIP CODE	: 01569	
MANAGER: DeFA	ALCO, TYP HAEL	E OF LICENSE:Re	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	EMAIL ADDRESS		
	LICENSED PREMIS	ES:			
RESTAURANT WIT					
•	swear under penalties	1 5 5			
	red license will be of t	• •	-		
	ee has complied with			ng to taxes; and	
3. the premi	ses are now open for l	business (If not exp.	lain below)		
SIGNED BY:	Individual, Partner	or Authorized Corn	orate Officer		
	marviduai, i artiici	or Authorized Corp	orate Officer		
DATE:			E) (D) (		
DATE.	TELEPHONI	E NUMBER:		OYER IDENTIFICAT Individual Social S	
			(110te. <u>1101</u>	individual Social S	security (varioer)
	d, attest that we are				
	d by the building ins certificate of liquor l				
	1		-	_	
Please Check Below: APPROVED:				ENSING AUTH	ORITY
DISAPPROVED:			By:		
(If disapproved expla	nin)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 130400054	•	CITY OR TOWN UXBRID	GE
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: QUAKER PLA	CE LLC		
DOING BUSINESS A QUAKER TA	VERN		
ADDRESS 466 QUAKER HIGHWAY	Y		
CITY/TOWN: UXBRIDGE	STATE: MA	ZIP CODE: 01569	
MANAGER: WILSON, NANCY 7 G.	ΓΥΡΕ OF LICENSE: Rest	aurant CATEGORY	: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREI	MISES:		
2865 SQ FT SINGLE STORY AND 3 LONG, BATHROOMS BOTH HAND OF THE BUILDING, LOUNGE ENT ENTRANCE THU LOUNGE AREA	DICAPPED ACCESSIBLE RANCE TO THE RIGHT	E, MAIN ENTRANCE TO TI FOF THE BUILDING AND I	HE LEFT
I hereby certify and swear under penal	ties of perjury that:		
1. the renewed license will be	• •	-	
2. the licensee has complied v		· ·	1
3. the premises are now open	for business (If not explai	n below)	
SIGNED BY: Individual, Part	ner or Authorized Corpor	ate Officer	
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social	
We the undersigned, attest that we a Acts of 2004, signed by the building license and (2) the certificate of liqu	inspector and the head	of the fire department for th	e above named
Please Check Below:		LOCAL LICENSING AUTI	HORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			
(11 disappioved explain)			
DATE:			